

CENSUS USE STUDY



SOCIAL AND HEALTH INDICATORS SYSTEM




ATLANTA: Part 1



EXECUTIVE OFFICE OF THE PRESIDENT
Office of Economic Opportunity
Office of Health Affairs
Office of Planning, Research,
and Evaluation

U.S. DEPARTMENT OF COMMERCE
Social and Economic Statistics Administration
BUREAU OF THE CENSUS



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ATLANTA: Part 1

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U. S. DEPARTMENT OF COMMERCE

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Limitations of Data

The Social/Health Indicators Program is a research, development and demonstration program involving local data files. With programs of this type there are caveats associated with the data. These limitations are described in some detail in the text of this report.

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GENERAL DESCRIPTION OF INDICATORS PROGRAM
AND REPORT SERIES

REPORT SERIES

This report is part of a series of five reports dealing with the feasibility study (stage I) operations of the Social and Health Indicators Program and describes the implementation of stage I in Atlanta, Georgia. This exploratory program was sponsored by the Office of Economic Opportunity (OEO).¹

Similar reports have been prepared for Chicago, Phoenix, Providence and Mound Bayou, Mississippi. Reports on stage II operations (for the construction of data series for the period 1965-1970) have been prepared for Los Angeles, Mound Bayou and Atlanta as part of this series. It is anticipated that stage II reports for some or all of these sites will be released in 1973 or 1974. Reports describing a periodically updated monitoring system (stage III) for some or all of the six aforementioned sites will be prepared in 1974.

DESCRIPTION OF THE PROGRAM

The Social and Health Indicators Program was formulated in the October 1971 proposal as a three-stage operation. It will be applied in one primary site, Los Angeles, and in at least five secondary sites (those mentioned above and possibly others to be selected later).

The overall purpose of the program is to develop a system of social, health and resource indicators. This system will serve as a mechanism for monitoring or tracking the health status, social and economic well-being of populations receiving or eligible to receive services dispensed by OEO multiple-purpose health centers and/or health networks. The tracking process involves not only a temporal dimension (trend analysis), but a spatial dimension as well. More specifically, the spatial dimension consists of delineating small geographic areas such as neighborhoods in urban centers, or subcounty areas in rural regions.

The monitoring mechanism aspect of the system will provide a basis for evaluating or even revamping existing social services and health care programs. Moreover, it will serve as a framework for planning new programs to fulfill unmet needs of populations residing in the target areas under investigation.

The implementation of this Social and Health Indicators Program will require adherence to two ground rules. The first ground rule holds that the input for the system must be obtained mostly from data generated for local communities by Federal, State, municipal or private agencies. With the exceptions of formulating population and housing estimates as denominators for indicators and for background, the 1970

1

See proposal "Development of Social and Health Indicators to Profile and Monitor Populations Served by Office of Economic Opportunity Neighborhood Health Centers and Health Networks." October 1971.

Census information will not be used as input to the system. However, indicator systems based on census data, such as NIMH data profiles, will be related to the system developed from community data. This ground rule is imposed because census data are only available once in a decade and therefore the profile derived from census data is essentially static. Such a profile has little value in monitoring social change over time.

The second ground rule stipulates that the study will not include the conducting of sample surveys. The methodology to be developed is being advanced as an alternative to surveying. Except in the few situations where continuous sampling procedures are used, surveys usually generate snapshot data applicable to one point in time. If continuous sampling procedures are used, surveying becomes prohibitively expensive, and therefore impractical when applied to small geographic areas.

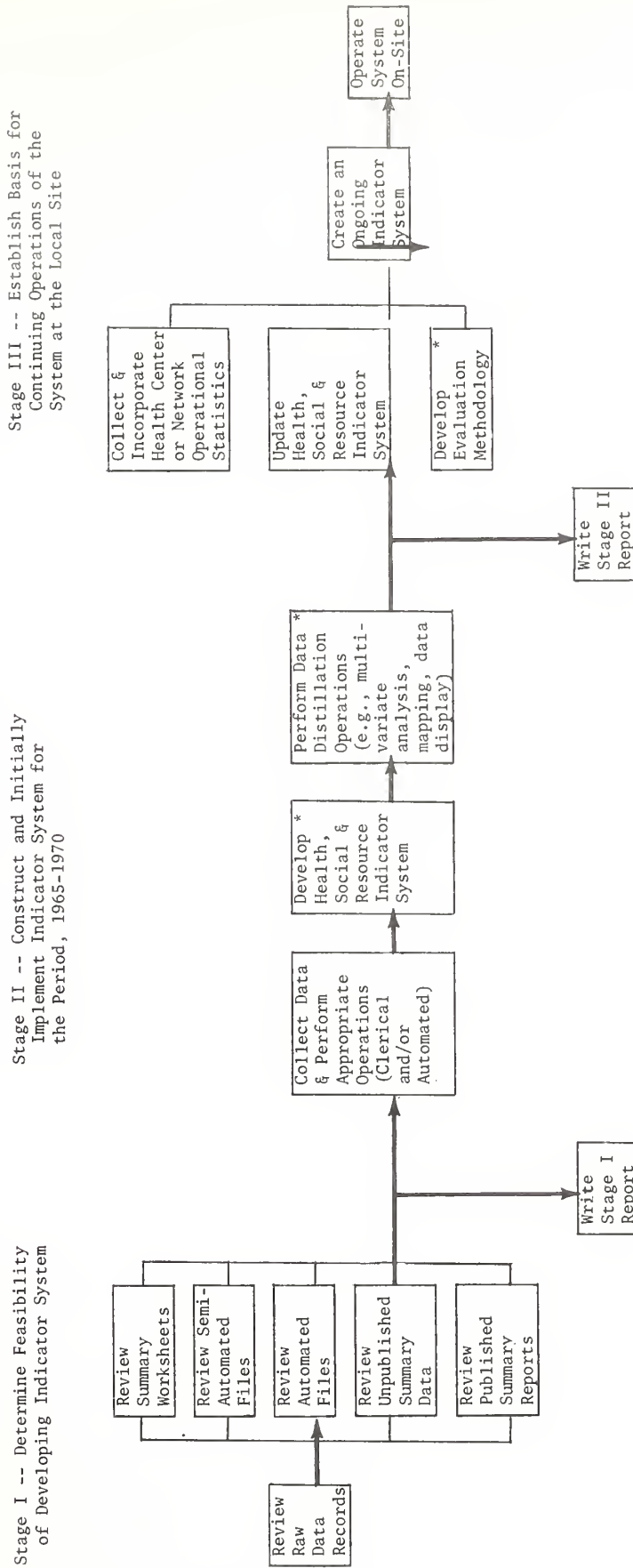
Stage I, as summarized in this report, consists of identifying and assessing data sources, data files, access problems, and also estimating necessary initial operations and costs to prepare the data to be collected for input to the indicator system to be developed in stage II. Stage III involves the use of the Atlanta Southside Comprehensive Health Center (ASCHC) operational data in conjunction with the indicator system to assess certain implications of the ASCHC to the service area population. Stage III also entails structuring the indicator system so it can be transferred to some local group to be responsible for operating and using the indicator system on a regular, continuing basis from 1973 forward.

A simplified portrayal of the interrelation among stages and steps within and between stages is reflected in Figure 1.

The three component stages of the OEO Social and Health Indicators Program are described in more detail as follows.

1. Stage I - Determine Feasibility of Developing the Indicator System. As a prerequisite to developing an indicator system based on local area data, the project staff members have been establishing contacts with key representatives of local, State and Federal agencies which have been generating such data for project sites. The purpose of this activity is to determine whether or not relevant (accurate) data are readily available in adequate detail, timeliness and appropriate geographic levels (small area). As part of this (stage I) operation, assessments will be made as to the cost, if any, of obtaining data, and impediments (e.g., confidentiality) to achieving ready access to existing data systems. The end-result of this stage I activity will consist of a report to OEO stating the feasibility of establishing a data series (advancing the program into stage II). If determined feasible, a plan will be designed to initiate stage II operations. Reports of stage I, except where amplification is essential, will not contain data analyses. Since the Census Use Study has had three years of tenure in Los Angeles, it has been decided that stage I will not be required at that project site.
2. Stage II - Construct and Initially Implement the Indicator System, 1965-1970. Stage II will involve reconstructing data on an annual basis from 1970 backwards to 1965. Since the project will use only existing data (summarized or basic), it will not be possible to reconstruct annual data summaries on all data files for each of the six years to be included in the series. However, an attempt will be made to perform a trend analysis on all conceptual areas included in the program. As an integral part of stage II implementation, the project staff will obtain and/or develop gross population estimates by small areas for noncensus years to be applied as denominators for indicators.

OVERVIEW FLOW-CHART OF THE THREE STAGES
OF THE CENSUS USE HEALTH, SOCIAL AND RESOURCE INDICATORS STUDY



* Each of these boxes subsumes a number of complicated steps which will be elaborated later. For the purposes of an overview, this simplified portrayal will suffice.

In addition to small area social and health indicators, the project will obtain "resource data" from published sources, or through special arrangements with Federal, State or local agencies. "Resource data" are defined simply as gross inventories of monies, services, manpower and property that either exist in the project sites (brought in or generated internally) or are being allocated to the project sites. Tracking resource indicators over time should reflect the economic level of the area as well as the changes occurring in the economic well-being of the resident population, especially when cross-comparisons between sites are made.

The end result of stage II implementation will be a detailed statistical report on the findings of the study up to that point. The central focus of the stage II report will be to monitor or track the health status and social and economic well-being of populations served by OEO programs. As indicated earlier, the information provided for stage II will serve as a basis for (a) evaluating the influence of existing programs, and/or (b) structuring new programs.

3. Stage III - Establish Basis for Continuing Operation of the Indicators System at the Local Site. The purpose of stage III is to establish the monitoring system mechanism on an ongoing basis. To achieve this end, the structure developed in stage II (dealing with years 1965-1970) will be extended beyond 1970. This will entail designing and implementing procedures for automating data preparation and data analysis on a yearly basis to provide continuous monitoring of changes in the health and the social status of populations in the project sites. The end product of stage III will be an annual "social report" for each project site.

Initially, the project staff will prepare the first series of reports. Ultimately, the task of preparing the "social reports" will be undertaken by the local OEO project staff or some other appropriate public agency at each site.

STAGE I - ATLANTA

ATLANTA SOUTHSIDE COMPREHENSIVE HEALTH CENTER

The Atlanta Southside Comprehensive Health Center (ASCHC) is located in the southwest portion of Atlanta in Fulton County. The service area for this center is bounded, constituting a closed system.¹ Only persons residing in this area are eligible for medical service at the center. See Figure 2, a map of the ASCHC service area.

The center was established in 1968 in a sturdy brick building renovated from factory usage. The center provides the full complement of services including medical and dental care, social services and other types of care.

The service area contains a population of approximately 28,000 people, predominantly black. Since the Atlanta Southside Comprehensive Health Center serves a definitive area, another area of similar character but without such a center will be selected for the basis of comparison. A few areas are under study to determine which one will be most suitable.

There are other health facilities in or near the ASCHC service area. These include Grady Hospital which is a massive hospital serving indigent families in the entire metropolitan area. There is one Fulton County public health clinic in the service area and two nearby. The central office of the Fulton County Department of Health is also not too far away. There are also other hospitals within a reasonable distance (e.g., Georgia Baptist Hospital). See Figure 2.

FEASIBILITY OF ADVANCING INTO STAGE II

Based on summary data available on a small area basis (e.g., census tract) and unpublished data and basic records which are accessible, the Census Use Study recommends advancing the indicators program into stage II in Atlanta. However, we further recommend that the effort be modest because the Atlanta Southside Comprehensive Health Center is a closed system which services only four census tracts. Including a comparison area, it is estimated that no more than 8 or 9 tracts will need to be profiled. Since the ASCHC is the only ongoing activity in Atlanta of concern to the OEO Office of Health Affairs, we do not believe that it would be justified to profile a substantial part of the city, as we will do in Phoenix, Providence, Chicago and Los Angeles (which contain extensive health networks). Limiting ourselves to 8 or 9 tracts, however, will involve a greater dependence on clerically obtained data.

It has been established that State, county and local public and private agencies and associations have extensive repositories of information that can be applied to the service and comparison areas. Where it will be necessary to retrieve this information

¹

The service area consists of four census tracts: 55.01, 55.02, 56 and 67.

FIGURE 2

HEALTH SERVICE FACILITIES

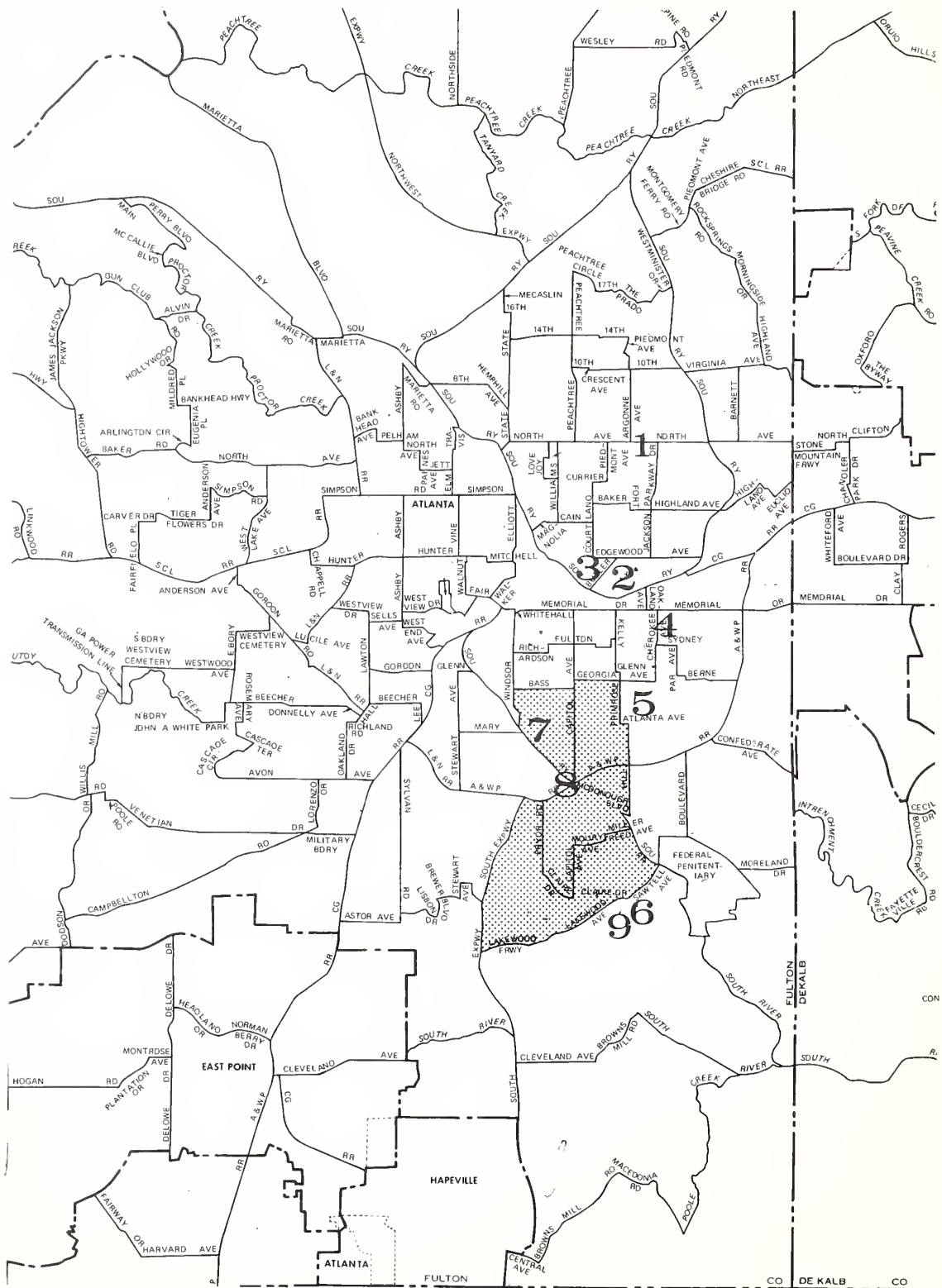


FIGURE 2 (CONT.)

MAP KEY-
HEALTH SERVICE FACILITIES

1. Georgia Baptist Hospital
2. Henry Grady Memorial Hospital
3. Fulton County Health Department
4. Our Lady of Perpetual Help Free Cancer Home
5. Atlanta Southside Comprehensive Health Center
6. County Clinic
7. County Clinic
8. County Clinic
9. County Clinic

clerically, prior authorization will be required from the agency. Initial exploration of gaining such authorization indicates that there will be no problems.

The variety, characteristics and extent of detail of data files and records are described in the next section.

INVENTORY OF AVAILABLE DATA SOURCES

Formal and informal information available in Atlanta are reviewed and characterized by source.

Health Indicators

1. Fulton County Health Department. The following kinds of data are collected in some form and kept on file at the Health Department in Fulton County.

Vital record system. The vital records are coded by census tracts going back to 1965. The kind of data items collected are indicated on the birth and death record file descriptions, see Figures 3 and 4, respectively. As can be seen from Figure 5, the County Health Department also releases certain selected items from the vital record system by census tracts and by years (1965-1970). Other items not contained on this list, such as birth weight, race, parity, age at death and other causes of death would need to be reconstructed from tape or cards or retrieved clerically from basic records.² The County Health Department has vital records on tape only for 1970, and on card prior to that time. Other sources for obtaining vital record information include the Center for Disease Control (CDC) and the Biostatistics Division of the Georgia State Department of Health.

The vital record system will yield a number of interesting indicators which can be tracked over time for the purpose of monitoring the health and socioeconomic well-being of the population serviced by the Atlanta Southside Comprehensive Health Center. An example is tracking concomitants of births to unwed mothers such as the disproportionate number of premature births, pregnancy complications, infant distresses and the lack of prenatal care.

Reportable disease registries. These disease registries are reported monthly by Fulton County to the Georgia State Department of Public Health. The basic diseases reported include tuberculosis, venereal diseases, infectious hepatitis, measles and rubella.

Certain diseases are reported by census tract, e.g., tuberculosis. Most are not. Basic records are available at the County Health Department level going back to 1965. Clerical effort will be expended to cull the appropriate details from these basic records. Information such as race, sex, age and address of person, type of disease along with other basic information will be collected.

Abstracting case records (being treated and new cases registered) will be necessary to be in a position to estimate prevalency rates. To access these

² Information on the medical supplement of the birth records can only be retrieved clerically from basic records since it is not contained in the file description.

FIGURE 3

BIRTH RECORDS INDEX FIELD DESCRIPTIONS

1. YEAR	10. HOSPITAL CODE	56 = Enroute McLendon Hospital Atlanta, Georgia
2. BIRTH CERTIFICATE NUMBER	0 = South Fulton Hospital East Point, Georgia	57 = Enroute Piedmont Hospital Atlanta, Georgia
3. TYPE CODE	1 = C. W. Long Hospital Atlanta, Georgia	58 = Enroute St. Joseph's Infirmary Atlanta, Georgia
A = Normal Processing	2 = U.S. Army Hospital Fort McPherson, Georgia	59 = Enroute Hughes Spalding Pavil. Atlanta, Georgia
B = Florence Crittenton	3 = Georgia Baptist Hospital Atlanta, Georgia	60 = Enroute Holy Family Hospital Atlanta, Georgia
C = Baby Died	4 = Grady Hospital Atlanta, Georgia	61 = Enroute Northside Hospital Atlanta, Georgia
D = Illegitimate	5 = Harris Memorial Hospital Atlanta, Georgia	99 = Home Birth
E = Baby Unnamed	6 = McLendon Hospital Atlanta, Georgia	11. PARENT'S FIRST NAME
F = Name Too Long	7 = Piedmont Hospital Atlanta, Georgia	12. RACE OF CHILD
G = Yellow Birth	8 = St. Joseph's Infirmary Atlanta, Georgia	C = Colored W = White Y = Yellow
H = Home Birth	9 = Hughes Spalding Pavilion Atlanta, Georgia	13. AGE OF MOTHER
I = Adopted in Another County	10 = Holy Family Hospital Atlanta, Georgia	14. NUMBER OF PREVIOUS DELIVERIES
J = Permanent Missing Number	11 = Northside Hospital Atlanta, Georgia	15. PARENT'S HOME STREET ADDRESS
K = Other	50 = Enroute South Fulton Hospital East Point, Georgia	16. CITY AND STATE
4. CHILD'S GIVEN NAME	51 = Enroute C. W. Long Hospital Atlanta, Georgia	17. ZIP CODE
5. CHILD'S LAST NAME	52 = Enroute U.S. Army Hospital Fort McPherson, Georgia	18. RESIDENCE OF MOTHER
6. SEX	53 = Enroute Georgia Baptist Hospital Atlanta, Georgia	1 = Fulton 2 = Other 3 = Adopted in Fulton
F = Female M = Male	54 = Enroute Grady Hospital Atlanta, Georgia	
7. WEIGHT IN GRAMS	55 = Enroute Harris Memorial Hospital Atlanta, Georgia	
8. DATE OF BIRTH		
MMDDYY		
9. TYPE OF BIRTH		
1 = Single 2 = Twins 3 = Triplets 4 = Quadruplets		

FIGURE 3 (Cont.)
BIRTH RECORDS INDEX FIELD DESCRIPTIONS

19. CENSUS TRACT	23. ATTENDANT
20. CENSUS SUB-TRACT	1 = Doctor
21. LEGITIMACY	2 = Midwife
1 = Legitimate	3 = Other
2 = Illegitimate	24. DATE FILED
22. RESIDENCE CITY/COUNTY	25. DATE ENTERED
1 = City of Atlanta - Fulton County	26. STATUS OF NOTIFICATION OF BIRTH RUN
2 = City of Atlanta - DeKalb County	27. STATUS OF INDEX LISTING
3 = Fulton County - Out of City	28. STATUS OF NEWSPAPER LISTING
4 = DeKalb County - Out of City	29. STATUS OF CENSUS TRACT REPORT
5 = Other County - In Georgia	0 = Not Printed
6 = Other State - In U.S.	1 = Printed
7 = Other Country	
8 = Unknown	

DEATH RECORDS FIELD DESCRIPTIONS

(1-2) Certificate Number (7)	IA=Iowa	(30) Sex (1)	06=McLendon Hospital
Year (2)	KS=Kansas	M=Male	Atlanta, Georgia
Sequence No. (5)	KY=Kentucky	F=Female	07=Piedmont Hospital
	LA=Louisiana	U=Unknown	Atlanta, Georgia
(3-5) Name (36)	ME=Maine		08=St. Joseph's Infirmary
Last (14)	MD=Maryland	(31) Race (1)	Atlanta, Georgia
Given (20)	MA=Massachusetts	W=White	09=Hughes Spalding Pavilion
Title (2)	MI=Michigan	N=Nonwhite	
	MN=Minnesota		10=Holy Fam. Hospital
(7-9) Address (27)	MS=Mississippi	(13-14) Census Tract (5)	Atlanta, Georgia
House Number (5)	MO=Missouri	Primary (4)	11=Northside Hospital
Street Name (20)	MT=Montana	Sub (1)	Atlanta, Georgia
Quadrant (2)	NB=Nebraska		12=South Fulton Hospital
NE	NH=New Hampshire	(23) Residency Code (1)	Atlanta, Georgia
NW	NV=Neveda	1=City of Atlanta-Fulton	
SE	NJ=New Jersey	2=City of Atlanta-Dekalb	13=Nursing Homes
SW	NM=New Mexico	3=Fulton-Outside City of Atlanta	14=Other
	NY=New York	4=DeKalb-Outside City of Atlanta	15=Home Death
(10) Apartment Number (5)	NC=North Carolina	5=Georgia-Outside Fulton and DeKalb	16=Doctors Memorial Hospital
(11) City (10)	ND=North Dakota	6=USA-Outside Georgia	Atlanta, Georgia
	OH=Ohio	7=Countries Outside USA	
(12) State (2)	OK=Oklahoma	8=Residence Unknown	(20) Date of Death (6)
AK=Alaska	OR=Oregon		MM/DD/YY
AL=Alabama	PA=Pennsylvania	(22) Place of Death Code (2)	(17) Age at Death (3)
AZ=Arizona	RI=Rhode Island	01=C.W. Long Hospital	(18) Age at Death Code (1)
AR=Arkansas	SC=South Carolina	Atlanta, Georgia	1=Fetal
CA=California	SD=South Dakota	02=U.S. Army Hospital	2=Under 1 Hour
CO=Colorado	TN=Tennessee	Fort McPherson, Ga.	3=Under 1 Day
CJ=Connecticut	TX=Texas	03=Georgia Baptist Hospital	4=Under 1 Week
DE=Delaware	UT=Utah	Atlanta, Georgia	5=Under 28 Days
FL=Florida	VA=Virginia	04=Grady Hospital	6=Under 3 Months
GE=Georgia	WA=Washington	Atlanta, Georgia	7=Under 6 Months
HI=Hawaii	WV=West Virginia	05=Harris Memorial Hospital	8=Under 1 Year
ID=Idaho	WI=Wisconsin	Atlanta, Georgia	
IL=Illinois	WY=Wyoming		
IN=Indiana	XX=Unknown		

FIGURE 4 (Cont.)

DEATH RECORDS FIELD DESCRIPTIONS

(15-16) Cause of Death (4) Primary (3) Sub (1)	(26) Location of Disposition (1) 1=Fulton 2=Outside Fulton 3=Unknown	(21) Date Entered or Changed (6) MM/DD/YY
*Code Per "International Classification of Diseases"	(32) Marital Status (1) M=Married S=Single W=Widowed D=Divorced P=Separated U=Unknown	(27) Status of Weekly Alphabetic List 1=Printed
(24) Registration Code (1) 1=Occurrence 2=Allocation 3=Ship In and Other		(28) Status of Weekly Numeric List (1) 1=Printed
(25) Disposition Code (1) 1=Burial 2=Removal 3=Cremation 4=Hospital Disposal 5=Anatomical Board 6=Unknown	(19) Date of Birth (6) MM/DD/YY	(29) Status of Five Week Alphabetic List (1) 1=Printed
	(6) Mother's Maiden Name (24)	(34) Delete Code (1) D=Delete Record
		(33) Completed Record Code (1) C=Complete
LEGEND		
(1-2) Record Field Number	Certificate Number	(7) Positions

FIGURE 5

SUMMARY REPORTS BY CENSUS TRACTS

	1965	1966	1967	1968	1969	1970
Births						
All Live--Atlanta in Fulton County	X	X	X	X	X	X
All Live--Fulton County outside Atlanta	X	X	X	X	X	X
Illegitimate--Fulton County			X	X		X
Illegitimate--Atlanta in Fulton County		X			X	
Illegitimate--Fulton County outside Atlanta		X			X	
Single or Multiple					X	X
Occurring at Home					X	X
By Hospital					X	X
By Attendant (doctor, midwife, other)					X	X
By Month					X	X
By Age of Mother					X	X
Deaths, Excluding Fetal						
All--Atlanta in Fulton County	X	X	X	X	X	X
All--Fulton County outside Atlanta	X	X	X	X	X	X
Fetal Deaths						
All--Atlanta in Fulton County	X	X	X	X	X	X
All--Fulton County outside Atlanta	X	X	X	X	X	X
Infant Deaths						
All--Atlanta in Fulton County	X	X	X	X	X	X
All--Fulton County outside Atlanta	X	X	X	X	X	X
Maternal Deaths						
All--Fulton County				X		
All--Atlanta in Fulton County		X				
All--Fulton County outside Atlanta		X				
Deaths by Cause						
Motor Vehicle and Other Accidents						
Atlanta in Fulton County					X	
Fulton County outside Atlanta					X	
Homicides--Atlanta in Fulton County					X	
Homicides--Fulton County outside Atlanta					X	
Suicides--Atlanta in Fulton County					X	
Suicides--Fulton County outside Atlanta					X	

case records, we would seek authorization from the County Health Department, assuring confidentiality of information for each individual case, suppressing names and addresses.

Clinic case data. The Fulton County Health Department operates one public health center (clinic) in the ASCHC service area and two others are located very close to the area. These clinics are South Fulton, Lakewood and Jere Wells.

These clinics provide a variety of services including maternal health, morbidity (non-communicable disease) service, tuberculosis control, venereal disease control, general communicable disease control, child health, dental health, rabies control, child guidance, emergency mental health, nursing services and family planning assistance.

Files from these three health centers need to be abstracted for information about clinic sessions conducted by the County Health Department. This information would include number of clinic sessions, type (e.g., physician, child health conferences, prenatal, dental, family planning, etc.), number of people in attendance, average cost, new patients, cases closed and a whole host of other data available from operational records.

County Health Department Health Centers operating in or near the area serviced by the Atlanta Southside Comprehensive Health Center constitute a resource that can be utilized by the resident population for receiving primary health care. To the extent that the ASCHC refers their clientele to county health centers for health care services, they would have some effect on increasing this resource. By examining the ASCHC operational statistics (e.g., referrals), we should be able to isolate this effect. The target populations for the three public health clinics in or near the ASCHC are reflected in Figure 6.

Budget and staff information. The American Public Health Association has been engaged by the Fulton County Health Board to undertake a thorough study of the Fulton County Health Department. The APHA study staff are in the process of analyzing and estimating cost data by type of service provided. We have arranged to exchange cost and related data with this study group.

The APHA study group has categorized types of services provided by the County Health Department, estimated staff time and cost per type of service. They are in the process of estimating costs associated with manning and operating each clinic. The County Health Department did not keep their budget in such categories before. The APHA has identified and costed such services as follows in addition to those already mentioned:

- . family planning services
- . alcoholic treatment
- . dental programs (by school and clinic)
- . drug prevention and treatment
- . environmental and sanitation control activities
- . suicide prevention services
- . mental health and mental retardation services
- . venereal disease control
- . well baby clinic care
- . prenatal and maternal care
- . immunizations.

FIGURE 6

FULTON COUNTY 1970 POPULATION BY COMMUNITY HEALTH CENTER

Health Center	Total Population	White	Nonwhite	Under 5	Age in Years										65-74	Over 74
					5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-59	60-64			
Adamsville	41,439	452	40,987	4406	4266	4289	3931	4747	6896	4955	3718	1480	1014	1179	558	
Alpharetta	9,065	8,831	234	789	934	970	774	585	1257	1153	969	430	422	517	265	
Ben Hill	28,698	20,095	8,603	2353	3091	3244	2566	1742	4328	4229	3567	1217	877	994	490	
Buckhead	46,974	46,348	626	2434	2630	3148	3528	4610	7477	5101	6070	2925	2801	4090	2160	
Center Hill	19,482	927	18,555	2253	2735	2612	2011	1748	2765	1974	1400	598	474	575	337	
Central	26,206	6,903	19,303	2497	2838	2827	2465	1947	2875	2518	2598	1337	1283	1978	1043	
College Park	16,592	13,559	3,033	1450	1493	1529	1457	1935	2293	1734	1943	757	639	829	533	
Collins	12,513	9,919	2,594	1069	1098	1204	1176	1194	1736	1420	1572	701	516	564	263	
East Point	39,134	35,740	3,394	3420	3462	3876	3781	3586	4880	4783	5166	1874	1443	1844	1019	
Fairburn	11,761	9,913	1,848	1100	1360	1395	1065	720	1664	1483	1205	501	426	519	323	
Hapeville	19,252	16,814	2,438	1979	2018	1872	1834	1914	2773	2244	2073	795	585	775	390	
Howell Mill	23,274*	21,521	1,753	1492	1401	1506	3229	3847	3091	2168	2494	1148	1028	1231	639	
Jere Wells	25,194	22,085	3,109	2106	1963	1995	2125	2335	2960	2593	3213	1454	1409	1793	1248	
Lakewood	38,204**	27,489	10,715	3220	3472	3670	3413	2957	5764	5607	4432	1768	1357	1724	820	
Neighborhood Union	44,572	273	44,299	4225	4176	3956	4511	4873	6243	4356	4279	2113	1966	2711	1163	
Northeast	51,266	39,258	12,008	3022	2546	2531	3810	6534	7554	5492	6061	3050	3037	4792	2837	
Palmetto	4,572	3,277	1,295	399	541	575	452	288	566	471	453	239	192	243	153	
Red Oak	8,848	8,282	566	862	1061	1048	746	483	1483	1249	942	292	244	288	150	
Rockdale	13,856	233	13,623	1671	2181	2032	1714	1166	1861	1342	892	343	248	288	118	
Roswell	10,067	9,636	431	913	1054	1097	816	583	1501	1342	1094	457	380	496	334	
Roy McGee	46,940	21,930	25,010	4000	4187	4298	4476	5635	6571	4351	4747	2211	1931	2863	1670	
Sandy Springs	40,379	40,203	176	2922	3693	4455	3626	2969	5921	5890	5859	1773	1299	1348	624	
South Fulton	24,500	677	23,823	2594	2844	2847	2401	2043	2828	2388	2220	1162	1009	1470	694	
Techwood	4,804	4,159	645	271	304	275	593	443	410	409	437	253	274	670	465	
Total	607,592	368,524	239,068	51447	55348	57251	56500	58884	85697	69252	67404	28878	24854	33781	18296	

*Includes Georgia Tech population.

**Includes U.S. Penitentiary population.

SOURCE: Fulton County Health Department

Authorization. Permission is needed to obtain copies of cards or tapes of information from the files. A written request must be submitted to the Fulton County Department for official authorization. A copy of the request form is shown in Figure 7. This request process is more of a formality than an impediment to our proceeding, however.

2. Georgia State Department of Public Health. The State Department of Public Health tends to rely heavily on data supplied by the county and local health departments. However, certain annual or special (usually one-time) studies are undertaken by various parts of this rather large, bureaucratic organization.

There are five sources of data within the State Department of Public Health which were contacted. They were as follows.

Biostatistics Division. For the period 1965-1970, all but a very few important sets of data are coded by census tract. In general, the Fulton County Health Department is a much better source for data coded on a small area basis. This holds true for vital records and reportable disease registries.

This division did provide a directory of physicians for 1970 by county. This medical directory classifies physicians in four categories: (1) private practice, (2) institutional (interns not included), (3) public health, and (4) retired or inactive. This directory contains the address where the physician is practicing (home, institution or public facility or organization). An address matching step would be required by hand with a street key devised for the ASCHC service area (and comparison area). These directories will be available back to 1965.

Health and Licensure Branch (State Department of Public Health). This organizational unit conducts an annual survey of hospitals and nursing homes. This data collection system is not automated, although individual questionnaires for each facility surveyed are available going back to 1965.

We have negotiated authorization to gain access to the individual questionnaires for the hospitals and nursing homes near the service (and comparison) area (Grady Hospital, Georgia Baptist Hospital). We shall use clerical assistants to abstract some basic bits of information from these questionnaires such as data about facility capacity, types of services and equipment available, utilization of services (e.g., bed occupancy), staff size and composition, and costs for each medical facility.

Statistics on these hospitals and nursing homes can be tracked over time as an available health resource to the service (and comparison) area. The ASCHC has and will continue to affect these statistics by making appropriate referrals. An important followup to the indicator study is to evaluate the operational statistics of these facilities to analyze any affects the referrals have on the increase or allocation of existing resources. Also, it would be important to determine whether ASCHC referrals have had some effect on upgrading the quality of services (both care and availability).

Other Components, including Mental Health.

- a. Comprehensive Health Planning. The Office of Comprehensive Health Planning (OCHP) is geared to large scale areas such as city, county or metropolitan area. It does not appear to have data filed by census tract or any other small geographic unit. There is one study under way which, if completed very soon by OCHP, would provide useful data about nurses in the form of a registry.

GEORGIA

FULTON COUNTY

INFORMATION REQUEST AGREEMENT

The undersigned requests of Fulton County the following:

The undersigned stipulates the information furnished will be used for:

The undersigned agrees and warrants he will not use or permit the use of said information for any purpose other than what is stated in this agreement nor will the use of the information infringe upon the rights and interest of the public.

The undersigned agrees and warrants he will not assign, lease, transfer, duplicate or otherwise permit third persons to have access to the use of the information for any purpose other than specifically stated above.

The undersigned herewith submits a check payable to the Comptroller of Fulton County, in advance, the sum of _____ which is the cost for preparing the information requested.

_____ day of _____ 19 ____

(Name)

(Street Address)

(City) (State) (Zip)

- b. Mental Health. All sources discussed in this section require authorization.

The ASCHC has a resident mental health component which is funded by the National Institute of Mental Health. This component serves a much larger area than the ASCHC service area. Detailed client data are available going back to 1969.

The mental outpatient program for Grady Hospital has an unautomated file. Records are kept by each patient's name, address and date of first visit. (Grady has separate files kept on a methadone program and a vocational rehabilitation program.) This file will require clerical compilation.

There are two sources of mental inpatient data: Grady and Georgia Regional Hospital. There is an ASCHC employee stationed in Grady's psychiatric ward. It is her responsibility to register and follow up all mental health patients from the catchment area. She also keeps a record of the number of patients hospitalized in Grady's psychiatric ward.

ASCHC has reserved eight beds in the psychiatric ward at Grady for alcoholics as well as mental health patients from the catchment area. This program has been in operation since the summer of 1970.

The Georgia Regional Hospital (State operated) was opened in September of 1968. Information is available about patients by address and date of admission.

There are Fulton County mental health activities which may provide some help to the ASCHC service area. Clerical exploration of the mental health files would be required. Authorization for this clerical activity would have to be obtained.

The State mental health and retardation data on activities are not generally very detailed on a small area basis, e.g., the local clinic. There are annual reports (Division of Mental Health, Community Services Branch) issued about outpatient psychiatric clinics on a fiscal year basis (e.g., July 1, 1969 to June 30, 1970). These data are of limited value since they are not very detailed and the patients' origins are not indicated.

- c. Atlanta Regional Commission (ARC). This Atlanta metropolitan planning agency is a result of an amalgamation of four organizations. One of those was the Department of Health and Social Planning Services (the MAC health agency for Atlanta).

This health component of ARC is also now generating an address list of registered nurses as well as a facility information guide. This guide includes a map (and address) locating hospitals and nursing homes.

There have been two large-scale patient origin and destination studies for hospitals in Atlanta, one for 1965 and the second for 1971.

The Atlanta Regional Commission also has complete address listings of regular and mental hospitals, clinics, and nursing homes in Atlanta.

- d. Medicare. Blue Cross and an insurance company are responsible for administering Medicare in Atlanta. Negotiations have thus far failed to arrange for access to medicare recipient files (by address if not name). We shall have to explore with the Social Security Administration whether or

not access can be obtained. It should be noted, however, that the ASCHC keeps statistics on users with respect to primary source of payment including medicare. Thus, the ASCHC operating statistics will provide useful information in this regard.

- e. Medicaid data. Medicaid data are available from the Georgia State Department of Human Resources. The file covers a thirteen month period. Data for some earlier periods were summarized for testimony to a Congressional Subcommittee.

Only a minimum set of characteristics of recipients are recorded (age, sex, race and time on welfare rolls) in the medicaid system. There may be a problem, although not insurmountable, with identification numbers for recipients. (There may be multiple counting of the same case.)

Data on providers receiving medicaid funds are available for 1971 from the State Department of Public Health (Division of Biostatistics, Data Processing Branch).

In essence, then, the medicaid data are available concerning providers and recipients for 1971. We shall explore whether or not it is feasible and cost effective to reconstruct the corresponding medicaid information for 1967-1970. It is unclear whether a clerical effort or an attempt to reconstruct and conduct an automated search of files for earlier periods will be the better course of action. We are in the process of exploring authorization and access procedures to make a final assessment.

Also, it should be indicated that the operational statistics for ASCHC include primary source of payment, including medicaid. In this respect, vital data will be available for the time periods over which the Center recorded such information.

Welfare Indicators

The Fulton County Welfare Department has a considerable amount of data which is published annually by census tract. These reports contain summary figures by census tract about the number and characteristics of recipients by type of assistance. There is information going back to 1965 by census tract for recipients of all Federal programs and general public assistance.

There are considerable resource data available, such as number of case workers, monies allocated by type of recipient service, average load per case worker, total welfare expenditure and number and kinds of referrals. There are some data about the food stamp and commodity programs. Most of these data are not available directly by census tract. A substantial amount of clerical work will be programmed to collect and summarize these data from basic records and work sheets to adapt them to usable form.

The Georgia State Welfare Department³ was discussed in connection with medicaid in the previous section.

³ **The Department of Human Resources**

Education Indicators

There are four elementary schools and two high schools in or near the service area. The schools are attended predominantly by black students.

There are data collected by the school system providing median reading and mathematics scores for selected grades in elementary schools. There are average and dispersion measures of student performance in mathematics and English at the secondary level.

There is information collected concerning honor students, dropouts, vocational enrollment, chronic absenteeism, estimated loss by level and mobility data. There are data on number (proportion of secondary graduates) accepted in college.

There are also resource data and data about special programs such as Head Start and the free lunch programs.

Some of these data are automated, others are summarized by hand. All of the data require authorization from the central administration to gain access at the local school level. There have been some special studies conducted by outside research groups (e.g., Urban Institute) that have had no trouble obtaining the necessary cooperation in Atlanta to gain access to the data.

Outside of the regular school programs for youngsters 5 to 19, we plan to characterize the adult education programs, utilization and resources, library resources utilization and newspaper readership. The kinds of specific indicators being considered are reflected in the matrix appended to this report.

Employment/Unemployment Indicators

There are some data available at a small area level; however, there are problems of authorization and access. Also, the nature of the State employment system is such as to be not particularly conducive to our study requirements.

We are proceeding to explore what can be done to gain access and to utilize what data are available on unemployment and employment. It is very likely that additional cost will be entailed to obtain special runs or summary data only after considerable clerical effort has been expended.

The Atlanta Regional Commission does some work on unemployment and employment figures. We shall have no trouble gaining access to such figures, but they may not be available or reducible to small area levels. They also are not available for the earlier years in the series, i.e., 1965-1968.

There was a special study done in selected low-income areas in Atlanta on a sample basis (which may be too thin to be useful for the Census Use Study).

Housing Indicators

1. Atlanta Regional Commission. This agency does an annual update of the housing and commercial building space inventory by census tract. This update incorporates building permit data, demolition data, and tax assessor file data regarding commercial floor space. Printouts are available for housing by type (e.g., single family, duplex, multifamily and so on) going back to 1965.
2. Atlanta Housing Authority. There is a large public complex in the ASCHC service area called the Carver Homes. It houses close to 1,000 families with about 3,800 persons.

The Atlanta Housing Authority collects data and has annual summaries (going back to 1965) on the Carver Homes (and for a comparison area such as one being considered in northwest Atlanta where the Perry Homes are located which are similar in size, age and tenant characteristics to the Carver Homes). The kinds of data include number of families, family size, aggregate family income, source of income, sex of head of household, household composition and length of tenancy.

Transportation Resource Indicators

The focus of these indicators will be to characterize transportation needs and resources available to facilitate access of clients or potential clients to health and social facilities and services as well as employment, cultural and educational facilities.

The indicators will pertain to private and public transportation resources. The Georgia Department of Motor Vehicles has registrations coded by geographic designations smaller than city or county areas. We shall use clerks to compile the necessary data for the period 1965-1970.

With respect to public transportation resources, we shall contact the Atlanta area public transportation companies providing buses to the service area. We shall also clerically compile information from the Atlanta school system to characterize the kind, age and number of buses servicing the service area for regular and handicapped school children.

Other information on traffic capacity, flow and safety will be tapped. Motor vehicle accident data are available for Fulton County by census tract for 1969.

Taxation Indicators

There are three major types of tax data which will provide indirect indications of the level of living. These three types of taxes are sales, personal income and property tax.

The sales tax data are available from the Georgia State Tax Commission by vendor, by industry group (e.g., food and beverages, furniture and fixtures, apparel and general merchandise, and so on) within county.

The sales tax may be used in three different ways:

1. Total receipt of sales tax--a resource indicator reflecting the amount of money extracted on sales tax from the community by the State Tax Commission. This might be labeled a negative resource indicator.
2. Sales tax--revenue sharing. Of the total receipts, the State Tax Commission returns part to the municipality. This would be a reflection of an in-resource.
3. Level of living index sales. From sales tax data, the total sales by industries can be estimated. One indicator of the level of living is the proportion of family income which is spent on basic necessities, such as food and housing. In general, the larger the proportion of family income spent on basic necessities, the poorer the family. This measure can not be translated directly to total sales. However, a rough index can be formulated by tracking the proportion of sales dollars spent on basic commodities (e.g., food, beverages) as opposed to the proportion spent on special purpose commodities (automotive, furniture and fixture, contracting labor and building materials, etc.). In essence, it would be expected that a decrease of the proportion of the total sales dollar spent on

basic commodities, and an increase in the proportion spent on special purpose commodities would reflect an improving level of living.

Income tax indicators can be obtained on the number of individuals paying income tax, amounts paid, and total taxable income. If income and employment are tracked over time, it would be expected that an increase in the proportion of taxpayers to total employed would be a reflection of an improvement of level of living in the community.

The purpose for tracking these indicators is to measure change in one facet of social status (if it is changing) of populations serviced by the OEO program in Atlanta.

Property tax would provide a surrogate measure of socioeconomic status. Property taxes are available by parcel from the Tax Assessor's Office. This will require a clerical compilation effort.

Indicators of Stress on the Social System

A number of sources of possible stress or requirements for additional resources on individual families and/or on the community have been addressed by certain indicators discussed earlier. These indicators concern unwed mothers and their babies, and school dropouts.

Our focus of interest in this section is on other possible, perhaps more direct, burdens on the social system: crime and delinquency. The reason for monitoring indicators based on crime and delinquency data is to reflect the trend in social stress on the community. To the extent that crime and delinquency are reduced, a corresponding increase in the level of living should be apparent.

Juvenile cases of four different kinds, reflected in the juvenile courts as of 1971, were: (1) delinquency, (2) child supervision, (3) child neglect, and (4) neglect and custody. All records must be reviewed manually to acquire addresses. These records reflect the person's name, address, offense and date of offense. The child supervision category was first introduced in January 1971. These categories have since been reclassified: delinquency, deprived and unruly.

Data on crimes from the Atlanta Police Department may be one of the most time consuming to obtain. Crimes are categorized by types: homicide, burglary, larceny, robbery and miscellaneous arrests. The last is a "wastebasket" category including arrests for narcotics, illegal whiskey, indecency, impersonating a female, prostitution, aggravated assault, prowling, lottery, violating beer and wine ordinances and juvenile offenses.

A substantial amount of clerical effort will be allocated to compile the data from the juvenile court and police record files.

Recreational Indicators

We are planning to characterize recreational programs, facilities and space. We have contacted the Parks and Recreation Department of Atlanta and have been assured cooperation.

The Parks and Recreation Department people have granted access to information concerning programs, facilities and equipment available in or near the ASCHC target area. The Parks and Recreation Department will provide data on staff and monies allocated annually to the target area.

The Parks and Recreation Department engineers have maps and plans indicating exact locations of indoor facilities and open space set aside for current and future public recreational needs.

We shall be describing on the basis of these data: (1) the amount of space (e.g., square foot per 1,000 population) both indoor and outdoor available (day and evening), (2) age, capacity and condition of facilities, and (3) type of facilities (e.g., gymnasias, public pools, meeting rooms, athletic fields, park area for walking, picnicking and so on). We shall also review access (average distance to facility) in the next section of this report.

Land Use and Access Indicators

We shall characterize the land use and access in and around the ASCHC target area. The land use will reflect the land available for community use. It will also indirectly reflect potential sources of air pollution, noise, odor and vibration. It may also give some indication of potential places of employment in the area.

The Atlanta Department of Planning, the Tax Assessor's Office and the Atlanta Regional Commission will provide all of the data and maps needed to characterize the current land use, projected uses, and past uses at specified times in the period, 1965-1970 and beyond.

The access indicators refer to average distance to various community facilities and resources (e.g., schools, ASCHC, county public health centers, public transportation, libraries and the like). These indicators will be calculated from formulas we shall develop. The basic maps and scales will be provided by the Atlanta Department of Planning.

POPULATION ESTIMATES AND DENOMINATORS
FOR SOCIAL AND RESOURCE INDICATORS

Part B of this report dealt with a whole range of data available for indicator development in the context of the conceptual areas to be encompassed by the project. Many of the data sources inventoried in Section B can be extracted to derive self-contained indicators. That is, both numerator and denominator data are available from these sources. Examples include proportion of births to unwed mothers, proportion of low birth weight babies, components of public school enrollment, average welfare stipend, total number of hospital beds and average hospital bed occupancy and the like.

While many of our indicators are self-contained, there are many others which will require population or housing denominators to make them meaningful. For example, the total number of families receiving public assistance in itself has very little meaning. It becomes meaningful only when it is related to the total number of families in the community. Similarly, morbidity prevalence rates require population denominators to be meaningful as an absolute increase in venereal disease, for example, especially if the increase is small, does not necessarily indicate an increase in the prevalence rate. Only when the number of venereal disease cases is related to total population at risk can an increase of the prevalence rate be inferred. Although many more examples could be given, the point is that to generate an indicators program to monitor social change, it is inevitably necessary to get into the business of estimating population and housing denominators for noncensus years.

Our approach to population denominators will be similar to that used in obtaining data; namely, we will use existing estimates where these are available, and develop estimates of gross population and housing counts where they are not. Neither of these approaches will assure complete precision in developing denominators. However, we believe it would be even less accurate to use the same population denominator base (e.g., census data) for each of the years for which indicators series will be developed in stage II.

In terms of existing population estimates, the Atlanta Regional Commission is responsible for making estimates on an annual basis. (These estimates are based on an updated housing inventory based on building permits and demolition data.) Our initial task in this connection will be to determine whether this estimating procedure will provide suitable accuracy at the small area level for Census Use Study purposes. If not, we shall have to develop an alternative method to suit our needs.

In the event that we have to develop alternative population estimating procedures, we will have to choose between methodologically detailed procedures or simple extrapolation methods (from census data) which will require making some rather tenuous assumptions.

The first approach, developing population estimates by detailed procedures, will, for example, necessitate getting birth and death data as the first component of the equation. The second component--to account for the migration factor--will involve obtaining school enrollment data and perhaps drivers' licenses and utility data. To

get a handle on total housing units, it will be necessary to obtain housing permit and demolition data. With these data inputs, the approach will then be to calculate, by years, the changes taking place between the 1960 and 1970 Censuses. For example, if there are 400 housing units more in 1970 than in 1960, the building permits and demolition data would be examined to find out which of the years between 1960 and 1970 contain the peaks or valleys in construction activities.

The second approach involves developing a less detailed procedure. This approach would involve extrapolating estimates linearly from 1960 to 1970 on the basis of population and housing census benchmark data. This procedure involves two basic assumptions. The first is that the changes occurring between 1960 and 1970 occurred in equal proportions for each year contained within the decade. For example, if there were 90 more housing units in 1970 than in 1960, the assumption would be that 10 housing units were built in each of the 9 noncensus years. The second assumption, which is not as detrimental, is that equally distributed change is gross rather than net change. In the example just cited, we would not know whether the ten housing units which we assume came into existence during a given year are the result of demolishing 100 units and then building 110, or simply building 10 units without any demolition.

The same approach used for the Atlanta Southside Comprehensive Health Center service area will also be used for the comparison area (still to be selected).

More analysis will be undertaken before an estimating procedure is selected. To the extent that the procedures ultimately chosen will yield only rough estimates, caution will be exercised in interpretation and reportage of the results of analysis.

STUDY DESIGN FOR ATLANTA STAGE II IMPLEMENTATION

GENERAL

Let us review the stage II implementation effort in Atlanta. In simplified form, stage II consists of three major steps:

1. collect and summarize data
2. design, develop and initially implement the health, social and resource indicator system, and
3. analyze, interpret and report initial results.

In Atlanta, the health center serves a closed system--a specified area precisely defined in terms of four census tracts. A comparison area will be selected which is as similar as feasible to the target area but not having a health center like ASCHC.

The indicator system will have as its basic input a large set of varied indicators. An initial set of indicators is organized by subject at the end of this section. This initial set represents an ideal to be sought. It is likely, however, that many of these indicators will be unattainable because of prohibitive costs, time, inaccessibility, incomplete data, etc.

This set or matrix of indicators will be structured from study site to site to provide some minimal set of indicators common to all sites (e.g., Atlanta, Phoenix). For a variety of reasons, there will be some indicators which will be collected in only a given site and may, in many instances, reflect the uniqueness of a type of locality. For example, there will be certain indicators unique to urban sites, others intrinsic only to rural sites. There may also be indicators peculiar only to each individual site under study.

There will be considerable conceptual development concerning at least certain of the indicator families. For example, a subset of indicators listed under the rubric of Public Housing Indicators would reflect not only housing quality considerations, but would indicate certain characteristics of the tenant population which may be different from the other residents in the target area. For example, the tenant population in the Carver Homes (public housing project in the ASCHC target area) are predominantly headed by females (60-75 percent of them, over the period 1965-1970), with a large average number of minors per family, and so on. This profile is substantially different from the typical characteristics of the other residents in the ASCHC target area.

We may have to develop concepts and procedures adequately to interrelate indicator areas. For example, transportation resources (indicators) available to the service area may have to be related to employment indicators (e.g., relating places of employment by type of occupation and place of residence to investigate so-called reverse commuting patterns).

We may get into estimating demand and comparing it to estimates of services provided whether in the field of health, transportation, or a number of indicator fields or subfields.

It must also be kept in mind that the indicator system is being developed to provide objective measures in temporal (longitudinal trends) and spatial (small area analysis) dimensions which will be brought to bear (in stage III) on health center policy and overall effectiveness.

BASIC STUDY DESIGN STEPS

The study design for the Atlanta stage II implementation involves the following tasks which are indicated below and described in greater detail in the following sections of this report:

- . Obtain data from published sources, tapes, punchcard files, on-line summaries at terminals, work sheets, or basic records.
- . Process data, including coding, error checking, keypunching and other clerical tasks.
- . Create a summary data tape.
- . Design and construct social/resource indicator matrices to be applied over the time period for which data are available to each of the conceptual areas mentioned in Part B of this report.
- . Prepare report describing stage II activities and results.
- . Develop procedures for relating operations data to the indicator study.
- . Move to stage III.

Obtaining Data

Acquisition of data will be dependent, as we indicated earlier, on not only availability of published reports and work sheets but, in addition, on processing basic data ourselves and/or paying some local agencies to do the processing for us. Working with basic data will also involve requesting and obtaining the authorization of agency directors to have access to basic record files.

Processing Data

If we are working with published materials or work sheets, the processing will simply involve getting the appropriate data punched on cards, requiring a classification scheme. Where summarized, basic data are required, it will be necessary to have these data tabulated for us and to physically code the information obtained from noncomputer-readable basic records. Coded data would need to be keypunched. Quality control procedures will be instituted for both the coding and keypunch operations. In addition, data on tapes and/or cards will need to be extracted by the use of computer programs being developed in Los Angeles.

Creation of a Summary Data Tape

Creating a finished summary tape from which the statistics needed for the indicator matrices will be derived will involve the following two general procedures:

1. Create codes for each census tract or possibly smaller geographic units to be contained in the study. The more detailed the geographic focus, the more codes we will need to create. The geocodes will be the basic unit to which the data refer.
2. Derive social, health and resource indicators for each time period for each of the conceptual areas for the study. The input will be numerators and denominators. This operation will involve calculating indicators for each geographic unit as well.

The finished summary tape would then contain under each conceptual area the derived indicators for each time period and geocoded units in the study. The tape can be tabulated by each conceptual area to yield the social, health and resource indicators to be contained in the matrices.

Design and Construction of Indicators Matrices

The basic structure of the matrix for each conceptual area was alluded to in Part B of this report. The matrix cells arranged below by conceptual areas make this structure explicit. However, it should be noted that the indicators in these matrices are subject to modification, depending on our success in obtaining the appropriate data or tapping unanticipated data sources. Indicators are expressed in terms common to public health practice where practicable.

It should be noted that the validity of these proposed indicators for the matrix, as indices of health, are affected by errors in diagnosis, by incomplete reporting and so on, reflecting numerous problems ranging from the clerical to difference in prevailing interests and emphasis. Changes in definition, as well, are often rather arbitrary. Lastly, perhaps the greatest ultimate deterrent to the reliability of community health indicators concerns inadequate or incorrect information on the particular population served or at risk. This is most often evidenced by the specification of categories for particular indicators. Often, it is necessary to obtain more specific information concerning the nature of the indicator.

It is our intention to ascertain as quickly as possible the indicators which evidence the greatest reliability and validity. Additionally, we will determine the severity of limitations to the remaining indicators so that the indicator base may be developed with as much internal consistency as possible.

Prepare a Report on Stage II Operation

The stage II report will be presented in three parts, with each part containing more than one section. The three parts are described below:

1. Part I: Background and Methodology. Since each site in the overall program is considered to have certain unique features, an introductory background section will be prepared placing the report in proper focus. The methodology section will contain detailed documentation of stage II procedures to permit generalization of these procedures with some modifications to different urban sites.
2. Part II: Social Reporting. This part will consist of one section for each of the conceptual areas and a concluding section which will interrelate the analytical

interpretation of the results from each conceptual area to one another and portray the total picture. The purpose of this part of the report will be to describe the major features of the study. This description will cover the tracking, monitoring, analysis and interpretation of changes in the health and social status, the level of delivery of health and social services and available resources to the target (and comparison) area populations which are being serviced.

3. Part III: Uses of Analyzed and Interpreted Social Reporting. While we will not attempt to evaluate the influence the ASCHC has exerted to effect the changes reported in Part II, we will specify the implications of the findings in terms of maintaining, expanding or revamping existing programs and introducing new programs to meet existing (unmet) needs.

Developing Procedures for Evaluating ASCHC Project Performance

One of the overriding concerns of the project is that the indicators program will be used to monitor the status and changes in population characteristics, but it cannot be employed directly to evaluate programs of the ASCHC facilities which no doubt contribute to the social change. There is not, obviously, a one-to-one relationship between specific changes in health status (or other factors) and programs conducted by ASCHC facilities, simply because of the number of forces and programs in the community that contribute to change that are not directly related to those facilities. To evaluate the contribution of the ASCHC facilities to the total change would require at the very minimum examination and analysis of their operations data. Ideally, it would require a before-and-after impact study incorporating control and experimental populations.

Acting under the assumption that a minimum level of evaluation is desirable and feasible, part of the stage II operations will involve the examination of operations data and the development of procedures to relate those data to changes occurring within the service area.

The use of these procedures, once established by the Census Use Study, ought to be undertaken by some recognized, acceptable local group on an ongoing basis as an important part of the evaluational routine. If the indicator project analyses are to have any meaning to the ASCHC facility staff, either for planning or evaluating programs, it is imperative that the procedures developed be continued on a regular basis as a routine activity.

The development of procedures for evaluating programs of the ASCHC facilities will be interfaced with the other parts of the program by the Census Use Study professional staff. Also, the Census Use Study staff will assist the ASCHC project staff in implementing these procedures.

The Atlanta Southside Comprehensive Health Center keeps records and compiles summaries relating to characterizing patients served and types of care utilized. More specifically, there are monthly and quarterly reports generated regularly which indicate:

- patients registered by
 - age
 - sex
 - race
 - number of visits
 - number of encounters

- . primary source of payment, including
 - medicare
 - medicaid
 - public assistance
 - private insurance
- . registration by service zones by
 - primary referral source
 - type of transportation
 - travel time
- . family characteristics
 - size
 - financial eligibility/income
 - welfare status
 - sex of head of household
- . encounters by
 - provider
 - type
 - site
- . types of services provided

Move to Stage III

When all of the tasks described above are completed, the Census Use Study will initiate the implementation of stage III.

APPENDIX

SOCIAL INDICATOR MATRICES

The attached social indicator matrices were designed for application in Atlanta where one OEO program is the subject for study. This program serves a closed system. Data in these matrices will be obtained on two levels--service area and census tract (sub-service-area) level.

The matrices were designed to contain a maximum number of indicators. The ultimate matrices will contain a smaller set of indicators structured around ten specific areas. These ten areas will be articulated in the stage II effort to provide a conceptual basis for organizing, analyzing and interpreting results. The ten areas are: (1) health, (2) welfare, (3) education, (4) employment/unemployment, (5) housing, (6) transportation, (7) taxation, (8) social stress, (9) recreation, and (10) land use and access.

Explanation of Codes Used in the Matrix

1. Codes in matrix cells:

X = Data are available from a known source

R = Data will need to be reconstructed from basic data files only

2. Codes for geographic delineation

1 = Data available at the service area level

2 = Data available at the census tract level

Indicator Title and Description	Time Period and Data Accessibility						Geographic Delineation
	1965	1966	1967	1968	1969	1970	

HEALTH INDICATORS

Vital Statistics

A. Births

1. Age of mother by race

a. % under 18	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
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b. Average age	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
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2. Prematurity

a. % of total	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
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b. Average age of mother	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
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3. Birth order

a. 35 and over, % first birth	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
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b. Under 25, % fourth birth	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
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4. Births to unwed mothers

a. % mothers under 18	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
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b. % by race	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
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5. Previous births

a. Average total by race	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
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b. Average live by race	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
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6. Hospital

a. Type (public/private)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
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b. Location	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
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B. Fetal Deaths

1. % mothers under 18 by race	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
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2. % legitimate by race	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
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3. % legitimate, mother under 18	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
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Indicator Title and Description	Time Period and Data Accessibility						Geographic Delineation
	1965	1966	1967	1968	1969	1970	

HEALTH INDICATORS (CONT.)

C. Neonatal Deaths

1. % mothers under 18 by race	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
2. % premature for mothers under 18	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
3. % unwed mothers under 18	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
4. % premature by race	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>

D. Perinatal Deaths

1. Age of mother by race							
a. % under 18	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
b. Average age	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
2. Prematurity							
a. % of total	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
b. Average age of mother	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
3. Birth order							
a. 35 and over, % first birth	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
b. Under 25, % fourth birth	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
4. Unwed mothers							
a. % mothers under 18	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
b. % by race	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
5. Previous births							
a. Average total by race	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
b. Average live by race	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
6. Hospital							
a. Type (public/private)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
b. Location	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>

Indicator Title and Description	Time Period and Data Accessibility						Geographic Delineation
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HEALTH INDICATORS (CONT.)

E. Infant Deaths

1. % mothers under 18 by race	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
2. % premature for mothers under 18	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
3. % unwed mothers under 18	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
4. % premature by race	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>

F. Death

1. Death rates standardized by age, race & sex	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>
2. Deaths rates by cause (10 selected) by race	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>X</u>	<u>1, 2</u>

G. Reportable Disease Rates

1. Tuberculosis by race	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1, 2</u>
2. Measles	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1, 2</u>
3. Hepatitis	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1, 2</u>
4. Rubella	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1, 2</u>
5. Venereal disease							
a. Gonorrhea by race	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1, 2</u>
b. Syphilis by race	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1, 2</u>

Programs

A. Immunization

1. DPT	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Smallpox	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
3. Measles	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
4. Rubella	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
5. Polio	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
6. Miscellaneous	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

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HEALTH INDICATORS (CONT.)

B. Screening Programs

1. Skin tests	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Glaucoma	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
3. X-rays	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Clinic Sessions

A. Alcoholic Rehabilitation

1. Clinic sessions

a. Number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Cost	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

2. Physician sessions	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
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3. Attendance

a. Number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Average per session	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

4. Patient exam/counsel by physician

a. Total number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Average per physician session	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
c. New patients	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
d. Individuals served	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

5. Other patients served

a. By physician	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Not by physician	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

B. Child Health Conferences

1. Clinic sessions

a. Number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Cost	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Indicator Title and Description	Time Period and Data Accessibility						Geographic Delineation
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HEALTH INDICATORS (CONT.)

2. Physician sessions	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
3. Attendance							
a. Number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Average per session	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
4. Patient exam/counsel by physician							
a. Total number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Average per physician session	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
5. Other patients served							
a. By physician	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Not by physician	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
C. Dental							
1. Clinic sessions							
a. Number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Cost	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Physician sessions	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
3. Attendance							
a. Number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Average per session	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
4. Patient exam/counsel by physician							
a. Total number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Average per physician session	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
c. New patients	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
d. Individuals served	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Indicator Title and Description	Time Period and Data Accessibility						Geographic Delineation
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HEALTH INDICATORS (CONT.)

5. Other patients served							
a. By physician	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Not by physician	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
D. Drug Treatment	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
E. Family Planning (County)							
1. Clinic sessions							
a. Number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Cost	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Physicians sessions	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
3. Attendance							
a. Number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Average per session	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
4. Patient exam/counsel by physician							
a. Total number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Average per physician session	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
c. New patients	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
d. Individuals served	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
5. Other patients served							
a. By physician	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Not by physician	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
F. Prenatal							
1. Clinic sessions							
a. Number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Cost	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Physician sessions	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Indicator Title and Description	Time Period and Data Accessibility						Geographic Delineation
	1965	1966	1967	1968	1969	1970	

HEALTH INDICATORS (CONT.)

3. Attendance

a. Number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Average per session	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

4. Patient exam/counsel by physician

a. Total number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Average per physician session	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
c. New patients	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
d. Individuals served	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

5. Other patients served

a. By physician	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Not by physician	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

G. Tuberculosis

1. Clinic sessions

a. Number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Cost	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

2. Physician sessions	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
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3. Attendance

a. Number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Average per session	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

4. Patient exam/counsel by physician

a. Total number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Average per physician session	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
c. New patients	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
d. Individuals served	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Indicator Title and Description	Time Period and Data Accessibility						Geographic Delineation
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HEALTH INDICATORS (CONT.)

5. Other patients served

a. By physician	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Not by physician	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

H. Venereal Disease

1. Clinic sessions

a. Number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Cost	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

2. Physician sessions	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
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3. Attendance

a. Number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Average per session	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

4. Patient exam/counsel by physician

a. Total number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Average per physician session	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
c. New patients	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
d. Individuals served	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

5. Other patients served

a. By physician	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Not by physician	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

I. Youth Health

1. Clinic sessions

a. Number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Cost	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

2. Physician sessions	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
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Indicator Title and Description	Time Period and Data Accessibility						Geographic Delineation
	1965	1966	1967	1968	1969	1970	

HEALTH INDICATORS (CONT.)

3. Attendance							
a. Number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Average per session	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
4. Patient exam/counsel by physician							
a. Total number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Average per physician session	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
c. New patients	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
d. Individuals served	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
5. Other patients served							
a. By physician	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Not by physician	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
J. School Health Program (by school)							
1. Physical exam results	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Vision survey	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
3. Hearing survey	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
4. Dental exam results	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
5. Nutrition data	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
6. Anemia incidence	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
7. Sickle cell trait incidence	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
8. Number of nursing hours per term per 100 students	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
9. Number of dental hours per term per 100 students	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
10. Number of medical hours per term per 100 students	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Indicator Title and Description	Time Period and Data Accessibility						Geographic Delineation
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HEALTH INDICATORS (CONT.)

K. Miscellaneous Health Indicators

1. Proportion of pop. on medicaid (ratio to estimated number eligible)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Proportion of pop. on medicare (ratio to estimated number eligible)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Resources

A. Manpower (per 1,000 Pop.)

1. Physicians	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Psychiatrists	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
3. Nurses	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
4. Dentists	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
5. Pharmacists	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
6. Visiting nurses	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
7. Other health professionals	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

B. Nursing Homes

1. Beds							
a. Total capacity	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Average occupancy rate	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Patients							
a. Origin	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Average age	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
3. Length of stay							
a. Total patient days	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Average stay	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Indicator Title and Description	Time Period and Data Accessibility						Geographic Delineation
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HEALTH INDICATORS (CONT.)

4. Costs

a. Average cost per day	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Average cost per stay	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

C. Medicaid

1. Patients

a. Per 1,000 population	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>1</u>
b. Welfare as % of total income	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>1</u>

2. Dollars of aid

a. Amount per capita	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>1</u>
b. Amount per patient	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>1</u>

3. Vendor payments

a. Total	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>1</u>
b. Doctors	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>1</u>
c. Nursing homes	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>1</u>
d. Pharmacies	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>1</u>
e. Dentists	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>1</u>
f. Other services	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>X</u>	<u>1</u>

Statistics

A. Acute

1. Total patient days	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Patient days per 1,000 population	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

B. Long Term

1. Total patient days	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Patient days per 1,000 population	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

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HEALTH INDICATORS (CONT.)

Facilities

A. Acute

1. Total number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Number of licensed beds	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
3. Average occupancy (%)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
4. Bed breakdown							
a. Medical/surgical							
- number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
- occupancy	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. Obstetrical							
- number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
- occupancy	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
c. Pediatric							
- number	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
- occupancy	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

B. Long Term

1. Number of facilities	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Number of licensed beds	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
3. Average occupancy	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

C. Mental

1. Number of facilities	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Number of licensed beds	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
3. Average bed occupancy	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Services

A. Number of admissions (by services)

<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
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HEALTH INDICATORS (CONT.)

B. Inpatient days (by services)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
C. Average daily inpatients	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
D. Average length of stay (by services)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
E. Functional bed capacity (by services)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
F. Inpatient days as % of functional bed capacity	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
G. Number of deaths	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
H. Number of deaths as % of admissions	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Outpatients

A. Admitting Room Patients Seen	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
B. Admissions as % of (A)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
C. Outpatient Clinic Visits							
1. Outpatients	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Inpatients	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
D. Special services visits							
1. Outpatients	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Inpatients	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
E. Emergency Room Visits	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Other Hospital Services

A. Surgical Operations Performed	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
B. Home Care Programs							
1. Admissions	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Patients	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
3. Physicians	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

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HEALTH INDICATORS (CONT.)

C. Pharmacy prescriptions filled	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
D. Diagnostic X-rays	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
E. Dental Visits	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
F. Anesthetic Procedures	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
G. Clinic Lab Exams	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
H. OMR Physicians Visits	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Manpower Data

A. Physicians	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
B. Nurses	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
C. Dentists	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
D. Pharmacists	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
E. Social Workers	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

<u>Financial Data Costs</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
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MENTAL HEALTH INDICATORS

Admissions: Inpatient

A. Total	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
B. Age	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
C. Sex	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
D. Ethnic Origin	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
E. Marital Status	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
F. Number in Household	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
G. Income	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
H. Entry Diagnosis Impression	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
I. Final Diagnosis Primary	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
J. Legal Status: % Voluntary	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Indicator Title and Description	Time Period and Data Accessibility						Geographic Delineation
	1965	1966	1967	1968	1969	1970	

MENTAL HEALTH INDICATORS (CONT.)

K. Number of Days	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
L. Average Length	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
M. Cost	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Admissions: Outpatient

A. Total	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
B. Age	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
C. Sex	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
D. Ethnic Origin	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
E. Marital Status	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
F. Number in Household	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
G. Income	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
H. Entry Diagnosis Impression	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
I. Final Diagnosis Primary	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
J. Legal Status: % Voluntary	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
K. Number of Outpatient Visits	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
L. Average Length	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
M. Cost	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Admissions: Rehabilitation

A. Total	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
B. Age	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
C. Sex	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
D. Ethnic Origin	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
E. Marital Status	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
F. Number in Household	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
G. Income	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
H. Entry Diagnosis Impression	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Indicator Title and Description	Time Period and Data Accessibility						Geographic Delineation
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MENTAL HEALTH INDICATORS (CONT.)

I. Final Diagnosis Primary	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
J. Legal Status: % Voluntary	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
K. Number of Day-care Days	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
L. Average Length	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
M. Cost	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Miscellaneous

A. Readmissions	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
B. Referrals	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
C. Cases Closed	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Facilities

A. State

1. Number of beds	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. % bed occupancy	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
3. Average daily census	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
4. Average length of stay	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

B. County

1. Number of beds	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. % bed occupancy	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
3. Average daily census	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
4. Average length of stay	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

C. Private

1. Number of beds	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. % bed occupancy	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
3. Average daily census	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
4. Average length of stay	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Indicator Title and Description	Time Period and Data Accessibility						Geographic Delineation
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MENTAL HEALTH INDICATORS (CONT.)

Admissions Rate

A. Outpatient	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
B. Inpatient	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
C. Rehabilitation	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Hospital Admissions

A. State	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
B. County	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Related Data

Suicides (rate)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
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WELFARE INDICATORS

Categorical Programs

A. Family Aids

1. Family groups

a. Number of cases	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>
b. Number of persons	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>
c. Amount of aid	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>
d. Average aid per person	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>

2. Unemployed father

a. Number of cases	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>
b. Number of persons	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>
c. Amount of aid	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>
d. Average aid per person	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>

3. Boarding homes/ institutions

a. Number of cases	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>
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Indicator Title and Description	Time Period and Data Accessibility						Geographic Delineation
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WELFARE INDICATORS (CONT.)

b. Number of persons	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>
c. Amount of aid	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>
d. Average aid per person	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>
4. General relief							
a. Number of cases	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>
b. Number of persons	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>
c. Amount of aid	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>
d. Average aid per person	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>

Other Programs and Services

A. Food Stamp Program

1. Number of households	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>
2. Number of persons	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>
3. Persons per household	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>
4. Cash value per person	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>

B. Medical Assistance

1. Family aid (AFDC)

a. Number of households	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>
b. Number of persons	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>
c. Persons per household	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>
d. Cash value per person	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>

2. Adult aids

a. Aid to disabled

- number of persons	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>
- average aid per person	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>

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WELFARE INDICATORS (CONT.)

b. Aid to the blind

- number of persons	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>
- average aid per person	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>

c. Old age assistance

- number of persons	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>
- average aid per person	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>2</u>

EDUCATION INDICATORS

Primary School Level (by school)

A. Median reading scores	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>1</u>
B. Median math scores	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>1</u>

Secondary School Level (by school)

A. Average of dispersion of math CEE scores	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>1</u>
B. Average of dispersion of English CEE scores	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>1</u>
C. Proportion of high school honor students	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>1</u>
D. Proportion of junior high and high school dropouts	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
E. Proportion of chronic absentee cases	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
F. Proportion of vocational enrollment of age group, 15-19	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
G. Percent entering college	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
H. Selective service rejection rate	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
I. Proportion of high school freshmen that did not graduate 4 years later	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Indicator Title and Description	Time Period and Data Accessibility						Geographic Delineation
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EDUCATION INDICATORS (CONT.)

J. Proportion of high school graduates admitted to post secondary educational institutions	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
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Other Indicators

A. Combined primary and secondary enrollment as percentage of age group, 15-19	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
B. Proportion of adult pop. enrolled in some form of adult education	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
C. Newspaper circulation per 1,000 population	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
D. Proportion of unit pop. aged 15 and over able to read and write	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
E. Turnover by grade, age, sex and race	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
F. Dropout by reason	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
G. Children in head start and/or preschool programs per 100 preschool children	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
H. Age of school	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
I. Enrollment/capacity ratio by school	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
J. Average pupil/teacher ratio by school	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
K. Average number of pupils per classroom	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
L. Average length of service teaching in school assigned	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
M. Average length of service teaching in general	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
N. Average expenditure per pupil	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Indicator Title and Description	Time Period and Data Accessibility						Geographic Delineations
	1965	1966	1967	1968	1969	1970	

EDUCATION INDICATORS (CONT.)

Libraries

A. Percent of citizens (six years and older) holding a public library card	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
B. Provision and utilization of special services (e.g., special request, reference room, children's room, public meeting space, mobile units, day care functions, communal activities, public information, cultural focus, lectures, study hall functions, audio-visual activities)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
C. Average number of books per 1,000 population	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
D. Average age of buildings	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
E. Average capacity of buildings	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
F. Special purpose plans (e.g., reading centers, neighborhood and multi-purpose centers)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
G. Mean time/distance to library from service area	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
H. Geographic dispersion of users	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
I. Characteristics of users	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
J. Mean staff size per facility	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
K. Staff experience per facility	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
L. Average expenditure per user	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Indicator Title and Description	Time Period and Data Accessibility						Geographic Delineation
	1965	1966	1967	1968	1969	1970	

EMPLOYMENT/UNEMPLOYMENT INDICATORS

<u>Percent Unemployed</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
<u>Percent Underemployed</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
<u>Job Training Program Enrollees</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
<u>Vocational Rehabilitation Program Enrollees</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

HOUSING INDICATORS

Housing Quality

A. Proportion of substandard units (lacking plumbing or heating facilities)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
B. Proportion of population residing in houses built before 1950	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
C. Percent of housing units which had one or more housing code violations	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
D. Percent owner-occupied housing units	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Housing Quantity

A. Ratio of housing units to households	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
B. Percent of housing units having more than 1.01 persons per room	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
C. Distribution of units by number of rooms	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
D. Number of units newly completed	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
E. Number of newly rehabilitated units	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
F. Number of new units under construction	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
G. Number of rehabilitated units under way	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Indicator Title and Description	Time Period and Data Accessibility						Geographic Delineation
	1965	1966	1967	1968	1969	1970	
<u>HOUSING INDICATORS (CONT.)</u>							
H. Proportion of abandoned units	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
I. Proportion of tax delinquent properties	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
J. Number of units for the elderly	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
K. Number of public housing units							
1. Occupied	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Vacant	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
3. Under construction	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
<u>Housing Problems</u>							
A. Number of displaced families	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
B. Number of evictions	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
C. Proportion of buildings rent-struck	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
<u>Public Housing Authority</u>							
A. Number of units	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>1</u>
B. Percent of population in public units	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>1</u>
C. Tenant characteristics							
1. Average household income	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>1</u>
2. Average household size	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>1</u>
3. % husband-wife families	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>1</u>
4. Normal family life index	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>1</u>
5. Dependency ratio: total	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>1</u>
6. Dependency ratio: youth	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>1</u>
7. Dependency ratio: aged	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>1</u>

Indicator Title and Description	Time Period and Data Accessibility						Geographic Delineation
	1965	1966	1967	1968	1969	1970	

HOUSING INDICATORS (CONT.)

8. Household head: % 65 and over	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>1</u>
9. Household head: % female	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>1</u>
<u>Building Permits</u>							
A. Number of units	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
B. Value of new single	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
C. Single/multiple ratio	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
D. Value of improvements	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
E. Business/residential ratio (value)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
F. Conversions	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
G. Demolitions	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
<u>Property Rolls</u>							
A. Value of one-family units	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
B. Value of multi-units	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
C. Business/residential ratio (value)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
D. Business/residential ratio (acreage)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
E. Average land values	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
F. Improvements/land ratio (value)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
G. % absentee ownership	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
H. Property tax base (related to Taxation)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
I. Property tax receipts (related to Taxation)	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
J. Tax delinquencies	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Indicator Title and Description	Time Period and Data Accessibility						Geographic Delineation
	1965	1966	1967	1968	1969	1970	

HOUSING INDICATORS (CONT.)

Miscellaneous

A. Fires: average estimated loss	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
B. Foreclosures	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
C. Condemnations	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
D. Vacancies	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

TRANSPORTATION RESOURCE INDICATORS

<u>Cars per 1,000 persons</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
<u>Bus ridership for target areas</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
<u>School buses per 1,000 school enrollees</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
<u>Number of buses for special students (e.g., handicapped)</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
<u>Special buses for trainees or employees to get to work (e.g., DOT-supported special transportation programs)</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

TAXATION INDICATORS

Sales Tax

A. Total							
1. Sales	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Taxes	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
3. Effective rate	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
B. Average per establishment							
1. Sales	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Taxes	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
3. Effective rate	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Indicator Title and Description	Time Period and Data Accessibility						Geographic Delineation
	1965	1966	1967	1968	1969	1970	

TAXATION INDICATORS (CONT.)

C. Food retailers

1. Sales	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Taxes	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
3. Effective rate	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
4. % food is of total	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Income Tax

A. Taxpayers per 1,000 pop., 18 and over	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
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B. Tax schedule, average individual

1. Gross income	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Taxable income	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
3. Dependents	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
4. Taxes	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
5. Effective rate	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Property Tax (included under Housing)

<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
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SOCIAL STRESS INDICATORS

<u>Adult arrests per 1,000 pop.</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
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<u>Juvenile offenses per 1,000 juveniles</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
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<u>Number of persons on probation or parole per unit of pop.</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
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<u>Narcotics arrests per unit of population</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
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<u>Number of cases of court child supervision per 1,000 pop.</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
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<u>Number of cases of child neglect per 1,000 population</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
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Indicator Title and Description	Time Period and Data Accessibility						Geographic Delineation
	1965	1966	1967	1968	1969	1970	

SOCIAL STRESS INDICATORS (CONT.)

Preventable Deaths per 1,000 Pop.

A. Total	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
B. Homicides	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
C. Suicides	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
D. Accidents	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

RECREATION INDICATORS

Open Space and Public Facilities

A. Open space & paths (sq. ft./1,000 pop.)							
1. Availability of open space							
a. day	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
b. evening	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
B. Public space	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
C. Indoor space (sq. ft./ 1,000 population)							
1. Gymnasia	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Public pools	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
3. Community school	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Age of public facilities--specific space available indoors and outdoors

<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
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LAND USE AND ACCESS INDICATORS

Other Space and Facilities

A. Industrial use							
1. Heavy	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
2. Light	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
B. Commercial use	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Indicator Title and Description	Time Period and Data Accessibility						Geographic Delineation
	1965	1966	1967	1968	1969	1970	

LAND USE AND ACCESS INDICATORS (CONT.)

C. Dumps	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
D. Railroad and freeways	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
E. Residential use	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
F. Parking lots	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
G. Sports fields	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
H. Public housing	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
I. Public buildings	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
J. Other miscellaneous uses	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

Access

A. Average distance to elementary schools	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
B. Average distance to secondary schools	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
C. Average distance to library	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
D. Average distance to public transportation	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
E. Average distance to park	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
F. Average distance to railroad	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
G. Average distance to freeway	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>
H. Average distance to public health center	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>R</u>	<u>1</u>

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Social and Health Indicators System—Atlanta: Part 1

